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PATENTS

Attorney Docket No. FOM-139.01

02,520

See Only

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Champion et al.

Application No: 10/657,938

Filed: September 9, 2003

For: CHARACTERIZING SUBSTANCES
WITH MULTISTATIC PROBES


Art Unit: 2858

Confirmation No.: 1614

Examiner: Benson, Walter

CERTIFICATE OF TRANSMISSION

I hereby certify that the following paper is being facsimile transmitted to the Patent and Trademark Office on April 11, 2005.


Ramona A. Hopkins

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT AND RESPONSE

In accordance with 37 C.F.R. § 1.136(a), please grant any extension of time that this paper requires but no accompanying paper requests. Also, please charge any additional fee occasioned by this paper, or credit any overpayment, to our Deposit Account No. 06-1448, Reference FOM-139.01.

In response to the Office action dated November 10, 2004, please enter the following amendment and response:

04/22/2005 SD/AVIS 00000011 061448 10657938

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PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number

10/657938

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	29	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	29 minus 20 =	* 9
INDEPENDENT CLAIMS	2 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

4/11/05

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 29	Minus ** 29	= 0
Independent	* 2	Minus *** 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	143
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 25		OR	X\$ 50	
X\$ 100		OR	X\$ 200	
X\$ 180		OR	X\$ 360	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

RATE	ADDI-TIONAL FEE		RATE	ADDI-TIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

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